



HEARING BEFORE

**THE COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HUMAN RESOURCES**

UNITED STATES HOUSE OF REPRESENTATIVES

JULY 25, 2012

STATEMENT

OF

CAROLYN W. COLVIN

DEPUTY COMMISSIONER

SOCIAL SECURITY ADMINISTRATION

Chairman Davis, Ranking Member Doggett, and Members of the Subcommittee:

I appreciate this opportunity to appear before the Subcommittee to discuss the lessons learned from the Social Security Administration's (SSA) management of the Supplemental Security Income (SSI) program. It has been 40 years since enactment of the *Social Security Amendments of 1972*, which created the SSI program. Undoubtedly, we have faced a number of significant challenges in administering SSI over the years, but I believe that the record will show that, with the help of this Subcommittee, we diligently manage this complex program.

In 1972, when the SSI program was established, Congress moved the responsibility for administering programs for needy aged, blind, and disabled individuals from the States to the Federal Government to provide a standard floor of income to these vulnerable individuals based on nationally uniform criteria. Congress designated SSA because of our existing infrastructure and reputation for accurate, efficient, and compassionate administration of the Social Security programs.

While there have been several major pieces of legislation changing eligibility provisions in the SSI program, such as the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* and the *Foster Care Independence Act of 1999*, the basic structure of the SSI program as a cash assistance, means-tested program of last resort has remained unchanged. As described in the Ways and Means report on the originating legislation¹:

The new program has been designed with a view toward providing:

- 1. An income source for the aged, blind, and disabled whose income and resources are below a specified level;*
- 2. Incentives and opportunities for those able to work or to be rehabilitated that will enable them to escape from their dependent situations; and,*
- 3. An efficient and economical method of providing this assistance.*

My testimony focuses on the last of these elements. Specifically, I will discuss what we have learned through 40 years of experience in providing assistance under a complex, means-tested program, and how we have used technology and other innovative approaches to efficiently and effectively make sure that only eligible individuals receive the right amount of benefits at the right time. I will highlight some of our recent innovations such as predictive modeling, data exchanges, and data mining, but it is also important to understand that successful administration of the very complex SSI program requires more than just technology; it requires an adequate number of well-trained Social Security staff. I must also note that I will only discuss how we determine eligibility and benefit amounts based on means testing. First, I will begin with a quick overview of the scope of the SSI program.

¹ House Report No. 92-231, page 147

Our Beneficiaries

In calendar year 2011, 8.1 million aged, blind, and disabled individuals² received SSI benefits on a monthly basis. For these beneficiaries, SSI is a vital lifeline that enables them to meet their basic needs of food, clothing, and shelter. In 2011, these beneficiaries received more than \$49 billion in Federal SSI benefits and an additional \$3.5 billion in State supplementary payments.

Slightly more than 2 million of the individuals receiving SSI are aged 65 or older. Of these, roughly half are aged 75 or older. Nearly 70 percent of those over 65 are female and many, if not most, are widowed or never married. SSI is a safety net under Social Security and, in fact, about 2.7 million SSI recipients also receive Social Security benefits. At the other end of the age spectrum, nearly 1.2 million disabled children under age 18 receive SSI benefits.

The 2012 Federal SSI benefit rate is \$698 a month, which is about 74 percent of the poverty level. Eligible couples—both of whom are aged, blind, or disabled—receive the Federal benefit rate of \$1,048, which is about 82 percent of the poverty level. There are about 281,000 eligible couples receiving SSI.

By any measure, SSI recipients are among the poorest of our citizens. For them, SSI is truly the program of last resort and is the safety net that protects them from complete impoverishment. We must be extremely careful that efforts to improve the program and increase administrative efficiency do not harm these most vulnerable members of our society. However, it is our obligation to the American taxpayer to ensure that payments made under the program are consistent with the program's requirements.

Program Complexity and Program Integrity Efforts

Means-testing adds to the complexity of any program. While the SSI program was never simple, it has become increasingly complex over the years. Congress has enacted a number of changes in response to concerns about how best to address the many events and situations that affect the SSI-eligible population.

Much of the program's complexities stem from the way SSI payments are calculated, which is defined by statute. Two factors used to determine an individual's monthly benefit are income and living arrangements. Income can be in cash or in kind, and is usually anything that a person receives that can be used to obtain food or shelter. It includes cash income such as wages, Social Security and other pensions, and unemployment compensation. In-kind income is food and shelter or something someone can use to obtain those items. Generally, the amount of the cash income or the value of the in-kind income is deducted from the Federal benefit rate, which is currently \$698 a month. After disregarding the first \$65 of earnings, we deduct \$1 for every \$2

² Although the number of disabled recipients has risen in recent years, our allowance rates have not. In fact, our hearing level allowance rate *dropped* 5 percentage points in FY 2011 and another 5 percentage points so far this fiscal year.

of earnings. For other income—for example, Social Security—we reduce the benefit dollar-for-dollar after disregarding the first \$20.³

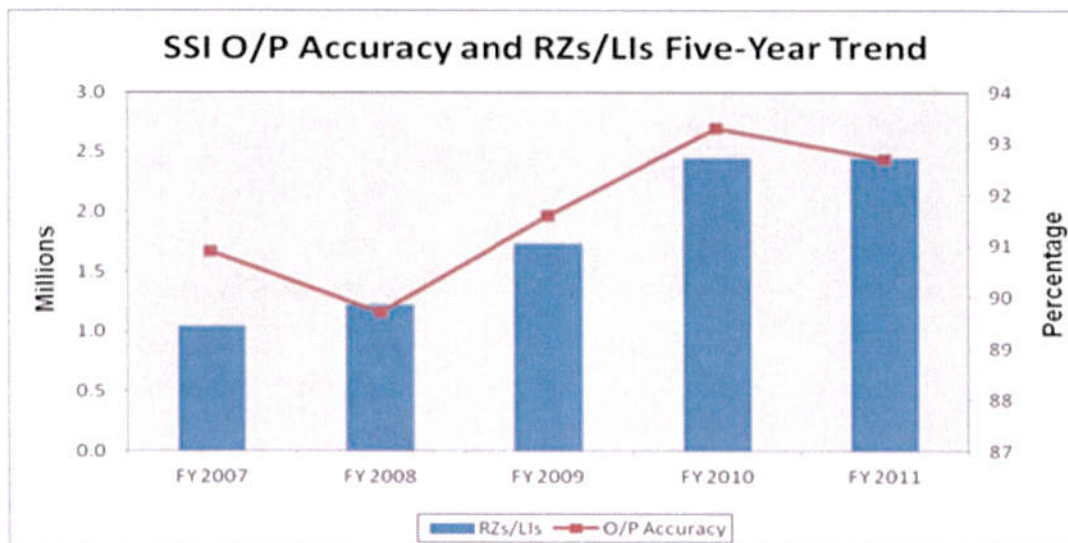
Individuals' SSI benefit amounts also may change if they move into a different “living arrangement”—whether a person lives alone or with others, or resides in a medical facility or other institution. For instance, when an individual moves into a nursing home, the person's monthly payment may be reduced to as little as \$30 per month. If the person moves from his or her own household into the household of another person, and that person provides food or shelter, the payment also may be reduced.

The value of an individual's resources also affects eligibility for the program. An individual is not eligible for benefits if his or her countable resources exceed \$2,000, and couples are not eligible if their countable resources exceed \$3,000. These resource limits have not been changed since 1989. In general, we count as resources items individuals can convert to cash and use for their support and maintenance, such as bank accounts, stocks, and bonds. Congress has amended the Act several times to add new resources exclusions, further increasing the complexity of the program. Our Application for Supplemental Security Income is a 22-page form that asks applicants questions about these and other issues. I am including a copy as part of my statement.

The design of the SSI program requires that we adjust benefit payments to account for these factors. We explain to SSI recipients that they must report these changes to us when they occur. Absent their timely reporting, it is difficult to obtain information about these changes in a prompt fashion, resulting in some erroneous payments. Additionally, even if individuals report in a timely manner, we are required to first provide written notification of how the change affects their benefit amounts and provide due process protections. This process delays adjusting payments to the correct amount. Furthermore, we generally make SSI payments on the first day of the month for eligibility in that month. Even if the payment is correct when paid, any changes that may occur during the month can affect the payment due, which can result in an overpayment or underpayment. Thus, the program requirements themselves sometimes cause erroneous payments.

Our overpayment accuracy rate reflects the complex nature of the SSI program. Still, we have improved. In FY 2008, our SSI overpayment accuracy rate was 89.7 percent. We continue to make positive strides; at the end of FY2011 our overpayment accuracy was 92.7 percent. We were able to achieve this improvement in part by increasing the number of redeterminations of eligibility we conduct. Redeterminations are a process we use to re-examine recipients' income and resources to ensure that they are still eligible for monthly payments. Redeterminations are one of our most powerful program integrity tools. We estimate that every dollar spent on SSI redeterminations yields about \$6 in lifetime program savings, including Medicaid program effects. We have steadily increased the number of redeterminations we conduct each year since FY 2007. The following chart reflects the important connection between the number of redeterminations we complete—determined by our funding levels—and the accuracy of the SSI program.

³ The dollar amounts of the disregards in the previous two sentences have not changed since the originating SSI legislation was enacted in 1972.



Note: O/P (Overpayments), RZs (Redeterminations) and LIs (Limited Issue)
Source: 2011 OQP Title XVI Payment Accuracy Report

Similar to redeterminations, we also conduct periodic medical continuing disability reviews (CDRs) to evaluate whether disabled SSI beneficiaries continue to meet the medical criteria for disability as required by the Social Security Act. We estimate that, on average, each dollar spent on SSI and Disability Insurance (DI) medical CDRs will yield about \$9 in lifetime program savings, including savings accruing to Medicare and Medicaid.

Lesson Learned: Predictive Models Help Prioritize Our Program Integrity Efforts

Predictive modeling techniques have proven to be immensely helpful to ensure that we use our resources effectively and efficiently.

We do not have the resources to conduct redeterminations on all 8.1 million SSI recipients every year. Using our SSI Redetermination Scoring Model, we target the cases most likely to be overpaid. In FY 2011 predictive modeling allowed us to prevent \$1.2 billion more in overpayments than what we would have otherwise identified through a random selection of cases.

The model has two parts: the first part predicts the probability that a case has an overpayment error and the second part predicts the potential dollar amount of the overpayment. At the start of every fiscal year, we run all SSI recipients through the model to prioritize error prone cases and schedule a redetermination. We also select for review the records that contain at least one issue that we need to further develop, such as undisclosed wages identified through our computer matching operations. We call these reviews “limited issues.”

To help us determine how to prioritize our CDRs, we employ a series of statistical scoring models to predict the likelihood of medical improvement for adult beneficiaries who receive benefits due to disability. These statistical scoring models are based on our historical disability data and predict the likelihood of medical improvement at a given point in time. The disability

data we use to build these scoring models include a wide array of medical, demographic, and disability case-related information. These scoring models allow us to conduct CDRs in a cost-effective and efficient manner that is also less burdensome for disability beneficiaries.

Lesson Learned: Automation Helps Employees Focus on the Most Complex Issues

Automation assists our employees by doing some of the more routine work and freeing them up to focus on more complex work that cannot be automated. When we first began administering the SSI program, we stored most case information on paper in a claims folder, and the field office keyed the basic claim data into an electronic telecommunications terminal and transmitted it to the central office computer in Baltimore.

In 1992 we implemented our Modernized Supplemental Security Income Claims Systems (MSSICS), which guides our employees through collecting the information we need to determine eligibility and monthly payment amount. MSSICS also stores the claims file information, which has allowed us to move to fully electronic records.

We continue to modernize the capabilities of this case processing system. We have migrated to a web-based architecture that allows us to provide robust online services and additional time saving features for our employees. It is a gradual process because a complete conversion is a large effort that requires significant IT resources to accomplish.

Under the Social Security Act, we are required to verify from independent sources information supplied by applicants and to obtain from outside sources additional information that might bear on an individual's eligibility under the program.⁴ We are constantly trying to expand the pool of such data available to us or make the data available on a more timely or economical basis.

Resources in financial accounts are a leading cause of erroneous payments, and the existence and value of those accounts is one of the most difficult factors to verify. In 1998, we submitted a legislative proposal, which contained a provision requiring SSI applicants and beneficiaries to provide their authorization to obtain all financial records from all financial institutions as a condition of SSI eligibility. With the support of this Subcommittee, the provision was enacted in the *Foster Care Independence Act of 1999*. After we had the authority to obtain financial information, we needed a mechanism to do so. Therefore, we developed and implemented an innovative approach to access financial information, which we call Access to Financial Institutions (AFI).

We contract with a vendor, Accuity Solutions ("Accuity") to help us implement and maintain AFI. Accuity is our intermediary with the financial institution community. They recruit financial institutions to participate in AFI, train them, handle all communications, and troubleshoot when issues arise. They also reimburse the banks for the costs associated with supplying account data.

⁴ Section 1631(e)(1)(B)(i)

We recently integrated the AFI process into our SSI case processing system, which has allowed us to automatically obtain financial account information. This electronic process also enables us to check for undisclosed accounts at randomly-selected financial institutions located near the recipient's address.

We are always looking for smarter ways to handle our work. Building upon our AFI success, we are exploring the use of commercial databases to help us identify undisclosed non-home real property held by SSI applicants and recipients. This automated approach has the potential of helping us uncover unreported assets and improve the accuracy and integrity of the SSI program.

Lesson Learned: Automation Can Make it Easier for Our Beneficiaries

Wages are the second leading cause of improper payments in the SSI program. The SSI benefit is highly sensitive to fluctuations in income. SSI recipients must report changes in their wage amounts to us. However, recipients do not always report wages to us on a timely basis. Easy-to-access automation tools helps our beneficiaries report changes that may affect their benefits. We created the SSI Telephone Wage Reporting System (SSITWR) to provide recipients with an easy way to report their wages to us that would also save resources by updating our records directly without requiring employee handling. The SSITWR system allows recipients to report their monthly wages using a toll-free, touch tone telephone system. When recipients report wages through SSITWR, the system automatically updates the SSI record, corrects the upcoming payment, if necessary, and issues a receipt to the caller.

Our tests have shown that the wage information we receive through SSITWR is highly accurate. Nevertheless, we crosscheck SSITWR reports against the wage information from the Office of Child Support Enforcement's National Directory of New Hires (NDNH) and our Master Earnings File.

We are currently developing an SSI Mobile Wage Reporting application, an extension of the SSITWR system, which will provide SSI recipients the ability to submit their wages via their mobile smart phones. Like its telephone counterpart, the mobile application will automatically update the SSI record, correct the upcoming payment, if necessary, and issue a receipt to the individual.

When recipients work but do not regularly report their wages, we must obtain the wage information directly from their employers. We are constantly searching for methods of quickly and efficiently gathering this information. We recently contracted with The Work Number, a large payroll processor, to provide us with immediate and online access to their large database of wages covering over 2,400 employers. Although we have been using The Work Number's services for some time, our new contract allows us to obtain more information immediately, saving our employees' time.

Lesson Learned: Electronic Data Matches Improve Our Program Integrity Efforts

Data exchanges are a cost-effective way to prevent and detect improper payments. For example, in FY 2008, for every dollar we spent on our quarterly wage match with the Office of Child Support Enforcement we saved about \$7 in SSI benefits.

We often verify the income and resources used in the SSI means test through data matches. Efficient, accurate, and timely exchanges of data promote good stewardship for all parties involved. We have over 1,500 exchanges with a wide-range of Federal, State, and local entities that provide us with information that we need to stop benefits completely or to change the amount of benefits we pay. For example, our exchange with the Office of Child Support Enforcement provides us with wage information, our exchange with the Internal Revenue Service provides us with data on income and asset ownership, and our exchange with the Department of Homeland Security provides us with data on recipients who have voluntarily left the country or have been deported. We also have about 2,300 exchanges with prisons that allow us to suspend benefits to prisoners quickly and efficiently.

We are bound by the Computer Matching and Privacy Protection Act, which requires us to independently verify and give due process before we adjust payment based on the information we obtain through interfaces. However, three of our matches— Department of Veterans Affairs, Office of Personnel Management, and Railroad Retirement Board— qualify for an exception from the requirements of the CMPPA and automatically update SSI records and adjust payment amounts. The rest of our interfaces create alerts our employees must investigate and resolve.

We appreciate the efforts made by the Chairman and members of the Subcommittee to establish uniform data exchange standards for certain Federal programs. We look forward to working with Congress to determine how best to establish uniform data exchange standards while promoting efficiency and maintaining security of our beneficiaries' private information.

Simplifying SSI

Tension exists between aspects of the SSI program and administrative efficiency. As I mentioned, the complexity of the SSI program is rooted in the requirement to determine eligibility using an extensive set of rules covering income, resources, living arrangements, and, for beneficiaries under age 65, a disability requirement. The program is designed to be responsive to the beneficiaries' changing circumstances and requires that they report any changes that may affect their eligibility or the amount of their monthly benefit.

Technology goes a long way in helping us administer the complex SSI program. However, technology and trained staff alone cannot eliminate the complexity. Over the years, we have undertaken a number of initiatives to simplify SSI both administratively and through legislative proposals, and Congress has acted on many of our proposals. While the enacted simplification proposals have been relatively minor in scope, they have had an incremental positive effect. However, significant fundamental program simplification efforts are difficult to achieve.

We will continue to search for ways to simplify SSI to make it easier for our beneficiaries to understand and easier for us to administer.⁵ More immediately, Congress could help disabled individuals understand and navigate the complex disability work incentive provisions of SSI and the Social Security Disability Insurance programs by reauthorizing the Work Incentive Planning and Assistance (WIPA) and the Protection and Advocacy for Beneficiaries of Social Security (PABSS) programs. These programs have been reauthorized several times since they were created by the 1999 Ticket to Work legislation, but the most recent reauthorization was allowed to lapse at the end of Fiscal Year 2011. In January, we sent a draft bill to Congress to continue the programs.⁶ We look forward to working with the subcommittee to continue to address this challenge.

Adequate Funding is Critical

In FYs 2011 and 2012, the difference between the President's Budget and our appropriation was greater than in any other year of the previous two decades. In FY 2011, Congress rescinded \$275 million from our information technology (IT) carryover funding, which will hamper our efforts to improve our productivity through IT innovation. In FY 2012, Congress did not fully fund program integrity at the levels authorized by the Budget Control Act, limiting our ability to carry out required program integrity work.

For FY 2013, we are requesting \$11.760 billion for our administrative expenses, a modest increase from FY 2012, which includes the program integrity cap adjustments authorized by the Budget Control Act, and which would put Social Security on a ten-year path to eliminate the backlog in program integrity reviews.

Our FY 2013 budget request is lean. We have already curbed lower priority activities so that we can pursue two of our most important goals – eliminating the hearings backlog and focusing on program integrity work. It will be a challenge to achieve the goals associated with these priorities. We expect to lose 2,500-3,000 employees in FY 2012 on top of the more than 4,000 employees we already lost in FY 2011 due to prior budget cuts. At the end of this year, the agency will have about the same number of employees that we had in 2007 even though our work has increased dramatically.

I urge Congress to pass this level of funding because we have proven that we deliver. Through the hard work of our employees and technological advancements, we have increased employee productivity by an average of about four percent in each of the last five years. Few, if any, organizations have accomplished similar improvements.

⁵ A legislative proposal in the President's FY 2013 budget would conform the treatment of certain Federal, State, and local tax credits, which are now treated differently depending on the source of the credits. The proposal would simplify SSI policy and eliminate the administrative costs of determining whether such credits are excluded Federal payments or countable State or local payments.

⁶ A copy of that bill may be found at:

<http://www.socialsecurity.gov/legislation/Social%20Security%20Work%20Incentive%20Amendments%20of%202012.pdf>.

Conclusion

We are always working on improving our administration of the SSI program, focusing on how technology can make us more efficient. In the future, we are looking to offer mobile and online applications for reporting wages, online change of address and direct deposit, expanded use of Lexis-Nexis to verify real property, and numerous other projects designed to improve our service and ensure the integrity of our payments. Of course, these improvements depend on sustained and adequate funding to support them.

Ultimately, the administration of the SSI program, due to its complexity, remains labor-intensive. While modern technology has enabled us to incorporate new processes and new data sources, our employees are essential to ensuring the integrity of the SSI program. Our employees do a great job navigating the complexity of this program and quickly delivering accurate benefits to people who desperately need them, all with great compassion and skill.

Thank you and I am happy to answer any questions you may have.

Attachment: Application for Supplemental Security Income (SSA-8000)

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)Do Not Write in This Space
DATE STAMP

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

I am/We are applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

Filing Date (month, day, year)

☐ Receipt☐ Protective☐ FS-SSA/APP☐ FS-REFERRED

Preferred Language

Written:

Spoken:

TYPE OF CLAIM☐

Individual

☐Individual with
Ineligible Spouse☐

Couple

☐

Child

☐

Child with Parents

PART I--BASIC ELIGIBILITY-- Answer the questions below beginning with the first moment of the filing date month.

1.	(a) First Name, Middle Initial, Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (month, day, year)	Social Security Number
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?		<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	
	(c) Other Name(s)		Other Social Security Number(s) used	
	(d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following:			
	Mother's Maiden Name:	Father's Name:	Go to #2	
2.	Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)			
	City and State		ZIP Code	County
3.	Claimant's Residence Address (If different from applicant's mailing address)			
	City and State		ZIP Code	County
4.	DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)			
	Routing Transit Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Enroll in Direct Express <input type="checkbox"/> Direct Deposit Refused

5.	(a) Are you married?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #6	
	(b) Date of marriage: (month, day, year)		
	(c) Spouse's Name (First, middle initial, last)	Birthdate (month, day, year)	Social Security Number
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to (f)	
	(e) Other Name(s)	Other Social Security Number(s) Used	
	(f) Are you and your spouse living together?	<input type="checkbox"/> YES Go to #6 <input type="checkbox"/> NO Go to (g)	
	(g) Date you began living apart : (month, day, year)		
	(h) Address of spouse or name of someone who knows where spouse is. (Complete only if spouse is age 65, blind or disabled.)		

6.	(a) Have you had any other marriages? If never married, check this box <input type="checkbox"/>	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7
	(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #4.		
		YOU	YOUR SPOUSE
	FORMER SPOUSE'S NAME (including maiden name)		
	BIRTHDATE (month, day, year)		
	SOCIAL SECURITY NUMBER		
	DATE OF MARRIAGE (month, day, year)		
	DATE MARRIAGE ENDED (month, day, year)		
	HOW MARRIAGE ENDED		

7.	If you are filing for yourself, go to (a); if you are filing for a child, go to (e).		
	(a) Are you unable to work because of illnesses, injuries or conditions?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #8	Your Spouse <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #7
	(b) Enter the date you became unable to work.	(month, day, year)	(month, day, year)
	(c) What are your illnesses, injuries or conditions?		
	You	Your Spouse	
	Go to (d)	Go to (d)	

7. (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do you have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or deceased?

☐ YES Parent's Name: _____

Social Security Number: _____

Address: _____

☐ NO

Go to #8

(month, day, year)

(e) When did the child become disabled?

Go to (f)

(f) What are the child's disabling illnesses, injuries or conditions?

Go to (g)

(g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased?

☐ YES Parent's Name: _____

Social Security Number: _____

Address: _____

☐ NO

Go to #8

8.	Birthplace	City	State	Country (if other than the U.S.)
	You			
	Your Spouse, if filing			

Go to #9

	You	Your Spouse, if filing
9. Are you a United States citizen by birth?	<input type="checkbox"/> YES Go to #15	<input type="checkbox"/> NO Go to #10
	<input type="checkbox"/> YES Go to #15	<input type="checkbox"/> NO Go to #10
10. Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #15	<input type="checkbox"/> NO Go to #11
	<input type="checkbox"/> YES Go to #15	<input type="checkbox"/> NO Go to #11
11. (a) Are you an American Indian born outside the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)

(b) Check the block that shows your American Indian status.

You	Your Spouse, if filing
<input type="checkbox"/> American Indian born in Canada Go to #15	<input type="checkbox"/> American Indian born in Canada Go to #15
<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #15	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #15
<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)	<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)

11. (c) Check the block below that shows your current immigration status

You		Your Spouse, if filing	
<input type="checkbox"/> Amerasian Immigrant Go to #12		<input type="checkbox"/> Amerasian Immigrant Go to #12	
<input type="checkbox"/> Lawful Permanent Resident Go to #12		<input type="checkbox"/> Lawful Permanent Resident Go to #12	
<input type="checkbox"/> Refugee Date of entry: Go to #14		<input type="checkbox"/> Refugee Date of entry: Go to #14	
<input type="checkbox"/> Asylee Date status granted: Go to #14		<input type="checkbox"/> Asylee Date status granted: Go to #14	
<input type="checkbox"/> Conditional Entrant Date status granted: Go to #14		<input type="checkbox"/> Conditional Entrant Date status granted: Go to #14	
<input type="checkbox"/> Parolee for One Year Go to #14		<input type="checkbox"/> Parolee for One Year Go to #14	
<input type="checkbox"/> Cuban/Haitian Entrant Go to #14		<input type="checkbox"/> Cuban/Haitian Entrant Go to #14	
<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #14		<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #14	
<input type="checkbox"/> Other Explain in Remarks, then Go to (d)		<input type="checkbox"/> Other Explain in Remarks, then Go to (d)	

(d) If you have status, or have applied for status as the spouse, child, or parent of a child of a US citizen, or lawfully admitted permanent resident alien, Go to #13; otherwise Go to #15.

12. If you are lawfully admitted for permanent residence:

(a) Date of Admission	You (month, day, year)	Your Spouse (month, day, year)
(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
(c) Give the following information about the person, institution, or group, then Go to (d):		
Name	Address	Telephone Number
		() -
(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	You Status:	Your Spouse, if filing Status:
	(month, day, year)	(month, day, year)
	From: To:	From: To: Go to (e)
(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #14
(f) Name and Social Security Number of parent(s) who worked.		
Name	Social Security Number	
Name	Social Security Number	

13.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15
	(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to #14 Go to #15	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to #14 Go to #15
14.	Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in #60(b), then Go to #15	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in #60(b), then Go to #15
15.	(a) When did you first make your home in the United States?	(month, day, year)	
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (c) Go to #16	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (c) Go to #16
	(c) Give the dates of residence outside the United States.	(month, day, year) From: To:	(month, day, year) From: To:
16.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17
	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left: Date Returned:	Date Left: Date Returned:
IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #17. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #17; OTHERWISE GO TO #18.			
17.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> No Go to #18	
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number Go to #18	
18.	(a) Do you have any unsatisfied felony warrants for your arrest?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #19	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #19
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d) Go to #19	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d) Go to #19
	(d) Date warrant satisfied	(month, day, year)	(month, day, year)
19.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #20	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #20

19.	(b) In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
		Go to (c)	Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Go to (d) Go to #20	Go to (d) Go to #20
	(d) Date warrant satisfied	(month, day, year)	(month, day, year)

PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

20.	Check the block which best describes your present living situation:	
<input type="checkbox"/> Household	Since (month, day, year)	Go to #25
<input type="checkbox"/> Non-Institutional Care	Since (month, day, year)	Go to #23
<input type="checkbox"/> Institution	Since (month, day, year)	Go to #21
<input type="checkbox"/> Transient or homeless	Since (month, day, year)	Go to #38

INSTITUTION

21.	Check the block that identifies the type of institution where you currently reside, then Go to #22:	
<input type="checkbox"/> School	<input type="checkbox"/> Rehabilitation Center	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail	
<input type="checkbox"/> Rest or Retirement Home	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Nursing Home		

22.	Give the following information about the INSTITUTION:	
(a) Name of institution:		
(b) Date of admission:		
(c) Date you expect to be released from this institution:		
	Go to #38	

NON-INSTITUTIONAL CARE

23.	Check the block that best describes your current residence, then Go to #24:		
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home	<input type="checkbox"/> Other (Specify)	
24.	Give the following information about your Noninstitutional Care:		
(a) Name of facility where you live:			

24.	(b) Name of placing agency	Address	Telephone Number
			() -
(c) Does this agency pay for your room and board? <input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO If NO, who pays?			
			Go to #38

HOUSEHOLD ARRANGEMENTS

25.	Check the block that describes your current residence, then Go to #26:	
	<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Houseboat
	<input type="checkbox"/> Room (private home)	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Room (commercial establishment)	
26.	Do you live alone or only with your spouse?	<input type="checkbox"/> YES Go to #28 <input type="checkbox"/> NO Go to #27
27.	(a) Give the following information about everyone who lives with you:	

Name	Relationship	Public Assistance		Sex		Birthdate mm/dd/yy	Blind or Disabled		If Under 22				Social Security Number
									Married		Student		
		YES	NO	M	F		YES	NO	YES	NO	YES	NO	

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #28.

27.	(b) Does anyone listed in 27(a) who is under age 18, OR between ages 18-22 and a student, receive income?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #28
	(c) Child Receiving Income	Source and Type	Monthly Amount
			\$
			\$
			\$
			\$
			\$
			\$

28.	(a) Do you (or does anyone who lives with you) own or rent the place where you live?	<input type="checkbox"/> YES Go to #29	<input type="checkbox"/> No Go to (b)
	(b) Name of person who owns or rents the place where you live	Address	Telephone Number
			() -

(c) If you live alone or only with your spouse, and do not own or rent, Go to #38; otherwise, Go to #32.

29.	(a) Are you (or your living with spouse) buying or do you own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> No If you are a child living with your parent(s) Go to (b); otherwise Go to #30
	(b) Are your parent(s) buying or do they own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #30

(c) What is the amount and frequency of the mortgage payment?

Amount: \$ _____ Frequency of Payment: _____

Go to (d)

(d) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #38; otherwise Go to #32.

30.	(a) Do you (or your living with spouse) have rental liability for the place where you live?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO If you are a child living with your parent(s) Go to (b); otherwise Go to (c)
	(b) Does your parent(s) have rental liability?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (c)

30.	(c) Does anyone who lives with you have rental liability for the place where you live? <input type="checkbox"/> YES Give name of person with rental liability: _____ Go to #31 <input type="checkbox"/> NO Give name of person with home ownership: _____ Go to #32												
	(d) What is the amount and frequency of the rent payment? Amount: \$ _____ Frequency of Payment: _____ Go to #31												
31.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c) </td> </tr> <tr> <td style="vertical-align: top;"> (b) Name of person related to landlord or landlord's spouse </td> <td style="vertical-align: top;"> Relationship </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Name and address of landlord (include telephone number and area code, if known): </td> </tr> </table>			(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)	(b) Name of person related to landlord or landlord's spouse	Relationship	Name and address of landlord (include telephone number and area code, if known):					
(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)												
(b) Name of person related to landlord or landlord's spouse	Relationship												
Name and address of landlord (include telephone number and area code, if known):													
	(c) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #38.												
32.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #37) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #33 </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (b) Amount others contribute: \$ _____ Go to #33 </td> </tr> </table>			(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #37)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #33	(b) Amount others contribute: \$ _____ Go to #33							
(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #37)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #33												
(b) Amount others contribute: \$ _____ Go to #33													
33.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Do you eat all your meals out? </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to (b) </td> </tr> <tr> <td style="vertical-align: top;"> (b) Do you buy all your food separately from other household members? </td> <td style="vertical-align: top;"> <input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to #34 </td> </tr> </table>			(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to (b)	(b) Do you buy all your food separately from other household members?	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to #34						
(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to (b)												
(b) Do you buy all your food separately from other household members?	<input type="checkbox"/> YES Go to #34 <input type="checkbox"/> NO Go to #34												
34.	Do you contribute to household expenses? <input type="checkbox"/> YES Average Monthly Amount: \$ _____ Go to #35 <input type="checkbox"/> NO Go to #35												
35.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses? </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #35(d) </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (b) Give the name, address and telephone number of the person with whom you have a loan agreement : <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </td> </tr> <tr> <td style="vertical-align: top;"> (c) Will the amount of this loan cover your share of the household expenses? </td> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO Go to (d) </td> </tr> <tr> <td colspan="3" style="vertical-align: top;"> (d) If you contribute toward household expenses and you answered "NO" to both 33(a) & (b), Go To #36. If you answered "YES" to either 33(a) or 33(b), Go to #37. If you do not contribute toward household expenses, go to #38. </td> </tr> </table>			(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #35(d)	(b) Give the name, address and telephone number of the person with whom you have a loan agreement : <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO Go to (d)		(d) If you contribute toward household expenses and you answered "NO" to both 33(a) & (b), Go To #36. If you answered "YES" to either 33(a) or 33(b), Go to #37. If you do not contribute toward household expenses, go to #38.		
(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #35(d)												
(b) Give the name, address and telephone number of the person with whom you have a loan agreement : <div style="border: 1px solid black; height: 40px; width: 100%;"></div>													
(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #38 <input type="checkbox"/> NO Go to (d)												
(d) If you contribute toward household expenses and you answered "NO" to both 33(a) & (b), Go To #36. If you answered "YES" to either 33(a) or 33(b), Go to #37. If you do not contribute toward household expenses, go to #38.													
36.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Is part or all of the amount in #34 just for food? </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> YES Give Amount: \$ _____ Go to (b) <input type="checkbox"/> NO Go to (b) </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (b) Is part or all of the amount in #34 just for shelter? </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> YES Give Amount: \$ _____ Go to #37 <input type="checkbox"/> NO Go to #37 </td> </tr> </table>			(a) Is part or all of the amount in #34 just for food?	<input type="checkbox"/> YES Give Amount: \$ _____ Go to (b) <input type="checkbox"/> NO Go to (b)	(b) Is part or all of the amount in #34 just for shelter?		<input type="checkbox"/> YES Give Amount: \$ _____ Go to #37 <input type="checkbox"/> NO Go to #37					
(a) Is part or all of the amount in #34 just for food?	<input type="checkbox"/> YES Give Amount: \$ _____ Go to (b) <input type="checkbox"/> NO Go to (b)												
(b) Is part or all of the amount in #34 just for shelter?													
<input type="checkbox"/> YES Give Amount: \$ _____ Go to #37 <input type="checkbox"/> NO Go to #37													

37. What is the average monthly amount of the following household expenses:
(Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)

CASH EXPENSES	AVERAGE MONTHLY AMOUNT
Food (complete only if #33(a) & (b) are answered NO)	\$
Mortgage or Rent	\$
Property Insurance (if required by mortgage lender)	\$
Real Property Taxes	\$
Electricity	\$
Heating Fuel	\$
Gas	\$
Sewer	\$
Garbage Removal	\$
Water	\$
TOTAL	\$ Go to #38

38. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

☐ YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

☐ NO Go to (b)

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

☐ YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

☐ NO Go to #39

39. (a) Has the information given in #20-38 been the same since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Explain in Remarks, then Go to (b)
(b) Do you expect any of this information to change?	<input type="checkbox"/> YES Explain in Remarks, then Go to #40	<input type="checkbox"/> NO Go to #40

PART III - RESOURCES - The questions in this section pertain to the first moment of the filing date month.

40. (a) Do you own, or does your name appear (alone or with any other person's name) on the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #41	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #41
--	---	---

40.	(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$

41.	(a) Do you own or are you buying any life insurance policies?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #42	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #42
-----	---	--	--

(b)	Owner's Name	Name of Insured	Name & Address of Insurance Company	Policy Number			
Policy (#1)							
Policy (#2)							
Policy (#3)							
	Face Value	Cash Surrender Value	Date of Purchase	Dividends		Accumulations	
				YES	NO	YES	NO
Policy (#1)	\$	\$					
Policy (#2)	\$	\$					
Policy (#3)	\$	\$					

(c) Loans Against Policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Policy Number:	_____	
Amount: \$	_____	
	Go to #42	

42.	(a) Do you (either alone or jointly with any other person) own any:	You		Your Spouse	
		YES	NO	YES	NO
	Life estates or ownership interest in an unprobated estate?				
	Items acquired or held for their value as an investment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. (b) Give the following information for any "Yes" answer in #42(a); otherwise, Go to #43.

Owner's Name	Name of Item	Value	Amount Owed	Give Name & Address of Bank or Other Organization
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
	YES	NO	YES	NO
Cash at home, with you, or anywhere else				
Financial Institution Accounts				
Checking				
Savings				
Credit Union				
Christmas Club				
Time Deposits/Certificates of Deposit				
Individual Indian Money Account				
Other (Including IRAs and Keough Accounts)				

(b) If all the items in #43(a) are answered "NO", Go to #44. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		

44.	(a) Do you give us permission to obtain any financial records from any financial institution?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to (b)	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to (b)		
	(b) Do you own or does your name appear on any of the following items:	You			
		YES	NO		
	Stocks or Mutual Funds				
	Bonds (Including U.S. Savings Bonds)				
	Promissory Notes				
	Trusts				
	Other items that can be turned into cash				
(c) If all the items in #44(b) are answered "NO", Go to #45. For any "YES" answer, give the following information:					
	Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
			\$		
			\$		
			\$		
			\$		
45.	(a) Do you own, or does your name appear (alone or with any other person's name) on any land, houses, buildings, real property, property in foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or heirs, or any other property of any kind that has not been shown anywhere else on the application	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #46	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #46		
	(b) Describe the property (including size, location, and how it is used. If the property is not used now, when was it last used? Do you plan to use the property in the future?)				
	Item #1				
	Item #2				

45.	Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

46.	(a) Have you or your spouse acquired any assets since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	(b) Explain:		
	(c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #47
	(d) Explain:		

47.	(a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)
	(b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #48.

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT
ITEM #1			\$

47.	ITEM #2			\$
	ITEM #3			\$
	SALES PRICE OR OTHER CONSIDERATION	ARE OTHER CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN.	DO YOU STILL OWN PART OF THE PROPERTY?	
	ITEM #1			
	ITEM #2			
	ITEM #3			
	SOLD ON OPEN MARKET?	GIVEN AWAY?	TRADED FOR GOODS/SERVICES?	
	ITEM #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ITEM #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ITEM #3 <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

48.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any items mentioned in #41 and #43-47.	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #49	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #49
	(b) DESCRIPTION (Where appropriate, give name & address of organization and account/policy number.)	VALUE	WHEN SET ASIDE (month, day, year)
	Item 1	\$	
	Item 2	\$	

FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #49 <input type="checkbox"/> NO <div style="text-align: right;">Explain in (c)</div>
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to #49 <div style="text-align: right;">Explain in (c)</div>

(c) EXPLANATION

49. (a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers?			You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #50		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #50	
(b) Owner's Name	Description	For Whose Burial	Relationship to You or Your Spouse		Current Market Value	
					\$	
					\$	
					\$	
						Go to #50

PART IV -- INCOME

50. (a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
	YES	NO	YES	NO
State or Local Assistance Based on Need				
Refugee Cash Assistance				
Temporary Assistance for Needy Families				
General Assistance from the Bureau of Indian Affairs				
Disaster Relief				
Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)				
Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)				
Other Income Based on Need				
Social Security				
Black Lung				
Railroad Retirement Board Benefits				
Office of Personnel Management (Civil Service)				
Pension (Foreign Military, State, Local, Private, Union, Retirement or Disability)				
Military Special Pay or Allowance				
Unemployment Compensation				

50.	Workers' Compensation				
	State Disability				
	Insurance or Annuity Payments				
	Dividends/Royalties				
	Rental/Lease Income Not from a Trade or Business				
	Alimony				
	Child Support				
	Other Bureau of Indian Affairs Income				
	Gambling/Lottery Winnings				
	Other Income or Support				

(b) Give the following information for any block checked YES in #50(a); otherwise, Go to #51

Person Receiving Income	Type of Income	Amount Received	Frequency of Payment	Date Expected or Received	Source (Name, Address of Person, Bank, Organization or Company)	Identifying Number
		\$				
		\$				
		\$				

IF YOU EVER RECEIVED SSI BEFORE, GO TO #51; OTHERWISE GO TO #52

51.	Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks, then Go to #52 Go to #52	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks, then Go to #52 Go to #52
52.	Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks, then Go to #53 Go to #53	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks, then Go to #53 Go to #53
53.	(a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to (e)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to (e)
(b) Name and Address of Employer (include telephone number and area code, if known)			
You		Your Spouse	
Go to (c)		Go to (c)	

53.	(c)	Date last worked (month, day, year)	Date last paid (month, day, year)	Date next paid (month, day, year)
	You			
	Your Spouse			
	(d) Total monthly wages received (before any deductions)		Your Amount \$	Your Spouse's Amount \$
	(e) Do you (or your spouse) expect to receive any wages in the next 14 months?		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #54	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #54
	(f) Name and address of employer if different from #53(b) (include telephone number, if known)			
	You		Your Spouse	
	(g) Give the following information:			
	RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID
	PAY DAY OR DATE PAID		DATE LAST PAID (month, day, year)	
	You	\$		
	Your Spouse	\$		
	(h) Do you expect any change in wage information provided in #53(g)		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (i) Go to #54	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (i) Go to #54
	(i) Explain Change:			
	You		Your Spouse	
54.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #55	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #55
	(b) Give the following information; then Go to #55			
	Date(s) Self-Employed	Type of Business	Last Year's: Gross Income \$	Last Year's: Net Profit \$
				Last Year's: Net Loss \$
	Date(s) Self-Employed	Type of Business	This Year's: Gross Income \$	This Year's: Net Profit \$
				This Year's: Net Loss \$

55.	If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?	You <input type="checkbox"/> YES Explain in Remarks; then Go to #56 <input type="checkbox"/> NO Go to #56	Your Spouse <input type="checkbox"/> YES Explain in Remarks; then Go to #56 <input type="checkbox"/> NO Go to #56
56.	(a) Does your spouse/parent who lives with you have to pay court-ordered support?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to NOTE	
	(b) Give amount and frequency of court-ordered support payment.	Amount: \$	Frequency: Go to (c)
	(c) Give the following information about the person who receives these payments:	Name:	Address:
NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #57; OTHERWISE, GO TO #58.			

57.	(a) Have you attended school regularly since the filing date month?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (b)		
	(b) Have you been out of school for more than 4 calendar months?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c)		
	(c) Do you plan to attend school regularly during the next 4 months?	<input type="checkbox"/> YES Explain absence in Remarks and Go to (d) <input type="checkbox"/> NO Go to #58		
	(d) Name of School	Name of School Contact	Dates of Attendance From To	Course of Study
		Phone Number	Hours Attending or Planning to Attend	

PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #59

58.	(a) Are you currently receiving food stamps?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)
	(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #59	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #59
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (e)
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #59	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #59
(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #59.			
	(f) May I take your food stamp application today?	<input type="checkbox"/> YES Go to #59 <input type="checkbox"/> NO Explain in (g)	<input type="checkbox"/> YES Go to #59 <input type="checkbox"/> NO Explain in (g)
(g) Explanation:			

59. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's father is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b).

(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #60	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #60			
(b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c)			
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	<input type="checkbox"/> YES Go to #60	<input type="checkbox"/> NO Go to #60	<input type="checkbox"/> YES Go to #60 <input type="checkbox"/> NO Go to #60			
60. (a) Have you ever worked under the U.S. Social Security System?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (b)					
(b) Have you, your spouse, or a former spouse (or parent if you are filing as a child) ever:	You		Your Spouse/Parent		Filed for Benefits	
	Yes	No	Yes	No	Yes	No
Worked for a railroad						
Been in military service						
Worked for the Federal Government						
Worked for a State or Local Government						
Worked for an employer with a pension plan						
Belonged to union with a pension plan						
Worked under a Social Security system or pension plan of a country other than the United States?						
(c) Explain and include dates for any "Yes" answer given in #14 or #60(a); otherwise Go to #61.						
You:			Your Spouse, if filing/Your Parent, if filing as a child:			

PART VI -- MISCELLANEOUS -- (Answer #61 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #62.

61. (a) Name of Person/Agency Requesting Benefits.	Relationship to Claimant	Your Social Security Number (or EIN)
(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	


PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES

62. IMPORTANT INFORMATION--PLEASE READ CAREFULLY

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

63. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Your Signature (First name, middle initial, last name) (Sign in ink.)	Date (month, day, year)
SIGN HERE 	Telephone Number(s) where we can contact you during the day: () -

Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.)

**SIGN
HERE** 

64. If you are blind or visually impaired, check the type of mail you want to receive from us.

☐ Standard notice First Class ☐ Standard notice First-Class with a follow-up phone call ☐ Standard notice & data CD by First-Class
☐ Standard notice Certified ☐ Standard & Braille notices by First-Class ☐ Standard & large print notices ☐ Standard notice & audio CD

65. WITNESS

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you, must sign below giving their full address.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Number and Street, City, State, and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date
If you have a question or something to report call: () -		Social Security Office you may visit or mail your request to:

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or notice of determination within that time, please get in touch with us.

Privacy Act Statement/ Paperwork Reduction Act Statement Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to help us determine your entitlement to benefits. Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim, which may result in the loss of payments. We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and,
4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete use of routine uses for this information is available in System of Records Notices 60-0089, Claims Folder System and 60-0050, Completed Determination-Continuing Disability Determinations. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) check is based on the information told to us. You must tell Social Security every time there is a change-while we process your application AND if you start receiving SSI.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or child who lives with you or your sponsor or sponsor's spouse, if you are an alien. You must also report changes in the things of value that these people own. You must also report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

HOW TO REPORT

You may make your reports:

- By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 (TTY 1-800-325-0778) or
- In person or
- By mail at the address shown above.

CHANGES TO REPORT

☐ WHERE YOU LIVE --You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.)
- You are admitted to (for a calendar month or longer), or released from, a hospital or nursing home, jail, prison, or other correctional facility or other institution.
- You leave the United States for 30 consecutive days.
- You are no longer a legal resident of the United States

☐ HOW YOU LIVE -You must report to Social Security:

- If anyone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your spouse or former spouse dies.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You begin living with someone as husband and wife.

☐ INCOME-You must report to Social Security if you, your spouse/your parent(s):

- Start to receive money (or checks or any other type of payment) from someone or someplace.
- Have a change in the amount of money you receive.
- Begin to receive child support payments or those payments go up or down.
- Win money from gambling or a lottery.
- Start work or stop work.
- Earn more or less money. (Keep all paystubs and provide them to SSA when requested.)
- Become eligible for benefits other than SSI.

☐ HELP YOU GET FROM OTHERS -You must report to Social Security if:

- The amount of help (money or food, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

☐ THINGS OF VALUE THAT YOU OWN -You must report to Social Security if:

- The value of things that you own goes over \$2000 when you add them all together (\$3000 if you are married and live with your spouse).
- You sell or give any thing of value away.
- You buy or are given anything of value.

☐ YOU ARE BLIND OR DISABLED-You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.

☐ IF YOU ARE THE PARENT, STEP PARENT, OR REPRESENTATIVE PAYEE FOR A CHILD UNDER 18 - A report to Social Security must be made if:

- There is a change in any income the child, his or her parent(s), step parent, or brother(s) or sister(s) receive.
- There is a change in the student status of the child's brother(s) or sister(s).
- There is a change in his or her parents' or step parents' marriage, a change in the value of anything they own, or a change in their residence.

☐ YOU ARE UNMARRIED AND UNDER AGE 22 - A report to Social Security must be made if:

- You start or stop school
- You get married or divorced
- You start or stop working

☐ YOUR IMMIGRATION STATUS CHANGES-

- You must report any changes to Social Security.

☐ YOU ARE SELECTED AS A REPRESENTATIVE PAYEE -You must report to Social Security if:

- The person for whom you receive SSI checks has any changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

☐ IF A WARRANT HAS BEEN ISSUED FOR YOUR ARREST -You must report to Social Security if:

- Your warrant is for a crime or an attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year); or
- Your warrant is for a violation of probation or parole under Federal or State law.